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**HYGIENE**

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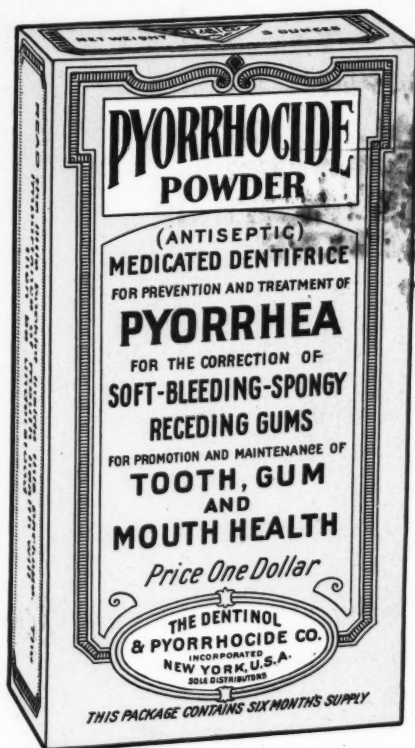
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**July 1921**

Published for The Ransom & Randolph Co.  
Toledo, Ohio, U. S. A.

# A Super-Dentifrice



is required in pyorrhea work because the conditions to be overcome call for a tissue-healing agent combined with a cleansing agent.

A dentifrice containing caustic properties is not a super-dentifrice in pyorrhea treatment. Caustic action tends to soften the gums. The requirements call for an opposite effect.

After instrumentation, the soft, bleeding, or spongy gums must be restored to normal health. This means a hardening of the tissue by improved blood circulation.

**PYORRHOCIDE POWDER** is designed as an aid to the dentist in repairing diseased gum tissue and in keeping the teeth white and clean.

It is sterilized. It is non-caustic. It is non-toxic. A super-dentifrice in pyorrhea treatment and prevention.

**Prescribe Pyorrhocide Powder—Compare Results**

## FREE

Pyorrhocide Powder samples for distribution, a trial bottle of Dentinol for office treatment and a copy of "Causes and Effects of PYORRHEA" mailed on request

**The DENTINOL & PYORRHOCIDE CO., Inc.**

1480 Broadway

New York

# ORAL HYGIENE

## A JOURNAL FOR DENTISTS

FOUNDED 1911

JULY, 1921

VOL. XI, No. 7

### ORAL HYGIENE Wants Snap-Shots



ORAL HYGIENE wants snap-shots of dentists doing things—interesting, human-interest photos. This is n't the announcement of a contest. It is, instead, an offer to pay one dollar apiece for pictures we can use. And we can use a lot of them.

Please write title or description of each picture on the reverse side of it. If there is n't room, write it on a sheet of paper and fasten it to the picture.

But don't stick pins through the pictures, or fold them, for that spoils them for reproduction purposes.

Be sure your name and address appears on the envelope. And if photos must be returned, accompany them with stamped addressed envelope.

Please don't write letters about the pictures you send. If many of you did, we would be swamped!

Address "*Picture Editor*, ORAL HYGIENE, Sharpsburg Sta., Pittsburgh, Pa."

# The Radiodontist: His Standing in Court

By C. EDMUND KELLS, D.D.S., New Orleans, La.

*Dr. Kells hits the nail on the head again—Editor CRAL HYGIENE*

**B**ROTHER Raper was writing a very interesting paper upon the subject of "What is a Radiodontist?" (February ORAL HYGIENE) and he was just progressing nicely, telling us all about Simpson and Van, and what they think about it and all that sort of thing, when he goes and spoils it all by bringing me into the game, which was really too bad.

I would not mind it so much, except that he says, "I do not know exactly what Dr. Kells meant, but I think he is refusing to admit that there are such words as Radiodontia and Radiodontist."

Now the latter part of that sentence just proves that Brother Raper DID NOT know what I meant, because for any one to "refuse to admit" at this late day that there are no such words as Radiodontia and Radiodontist would be to advertise his gross ignorance, and I really hope I am not quite so bad as all that.

Dr. Raper starts his article by telling us that he, himself, coined these words, and just exactly what they mean by his own interpretation. So far, so good. Then he proceeds to tell us exactly what Dr. Simpson

considers to be the NECESSARY QUALIFICATIONS of a Radiodontist. That's even better, BUT—and here's trouble. Notwithstanding what Drs. Raper, Van, or anyone else may choose to believe about it, the word Radiodontist really has no "standing in court." Let us see if that is really not the case.

A man wants to be a dentist. He cannot practice without a license from a State Board. He cannot obtain this license without undergoing this Board examination. He cannot be eligible to this State Board examination unless he is a graduate of a dental school. He could not have graduated from a dental college unless he was regularly entered in the college; had attended the prescribed courses and passed the necessary examinations. He could not have entered college unless he possessed a high school diploma, etc. As a result, the practicing dentist must have the degree of D. D. S. Without this education and degree, he cannot be an Orthodontist, Prosthodontist or Exodontist. Consequently, every man who specializes in either of these branches is a D. D. S. and has a "standing in court."

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\*Dental Reg



He MAY POSSESS all the requirements so graphically outlined by Dr. Simpson, and HE MAY NOT. They are NOT NECESSARY, nor is any course of study necessary to become a Radiodontist.

I can conceive of no greater indictment against the *specialty* of Radiodontia than the mere fact that untrained women learn the profession overnight, as it were, take skiagraphs and render diagnoses upon these skiagraphs.

What more could be needed, if anything is needed, to convince one on this point than the following extract from an address delivered by a dental goods salesman before a dental society:

"A good office assistant can pay her own wages and all the overhead expenses of the office with X-ray pictures alone, and it will make you more efficient in your work too, because when the pictures DO NOT COST YOU ANY PERSONAL EFFORT (capitalization mine) you will use more of them." \*

Incidentally, the more you use, the more she earns!

That's a long ways from Dr. Simpson's ideas, is it not?

"An office assistant can pay her wages; (that marks the character of the *Radiodontist*) can earn thousands and thousands of dollars for the office "without any personal effort" upon the part of the dentist. And there you are!

And just to think that a

reputable dental society *allowed* a dental salesman to express such sentiments without immediately requesting him to discontinue his discourse! Let us trust that the time will come when such unprofessional talk will not be tolerated before a dental association.

And so it is that while I recognize that the words Radiodontia and Radiodontist are good and proper, and that any who desires to specialize in that branch has a perfect right to assume that title, and to do so irrespective as to whether or not he has the degree of D.D.S. or any qualifications at all, for that matter, I also assume that I have certain privileges, as well, and that I do not necessarily need to call myself a Radiodontist if I do not care to do so.

So far, this discussion appears to me of little moment, and I regret that this explanation was made necessary. However, let us see if something worth while cannot be added to it.

As the matter stands today, the *selling talk* of the manufacturer of an X-ray machine is the plea that the "*office girl*" can earn all the "*overhead expenses*" of the office by practicing Radiodontia. That's an inducement that, unfortunately, few can resist, and once the investment is made, the overhead will be earned. I certainly wish I could have all my overhead expenses paid in such an easy manner, if it were *creditable*!

\**Dental Register*, page 28, January, 1911.

Only yesterday I saw a young woman, thirty years old, with thirty teeth vital beyond a question (two third molars having been extracted). Teeth were bright and clean and fine, a few small fillings, and no evidence of pyorrhea—just a case of a splendid set of teeth. She had had a full set of skiagraphs taken in New York for twenty-five dollars. I do not know for what *other purpose*, except that she had a swelling in her neck, and the diagnostician decided that her teeth were not involved! Wonderful! Twenty-five dollars towards the overhead.

So much for the X-ray manufacturer. What of the manufacturer of the dental engine? Does he say, "Buy this engine and your office girl can earn all your overhead expenses by cleaning your patients' teeth?" Why shouldn't he say this? Isn't it possible for your office girl to quickly learn to polish teeth? A very simple operation it must appear to the salesman! Well, he doesn't say this—not because he wouldn't like to, *but* because just to protect from decay

the twenty temporary teeth of a four-year-old kid by keeping them polished, the *office girl* must have the degree of D. D. S. in most states of the Union!

If that were not the case, wouldn't hundreds of "office girls" be cleaning teeth today and thereby earning tremendous returns upon the *investment* of the dentist?

Wouldn't dental engines be sold, for this purpose, on the dollar down and dollar a week plan? Who can doubt that for a moment, in view of what the X-ray manufacturers are doing?

Thus it is that I suggest that instead of idle and useless discussion upon the subject, it would be far better to get busy and put the Radiodontist "on the map" and in the same class as dentists by making the possession of the degree of M. D. or D. D. S. a prerequisite for the privilege of *taking* and diagnosing dental X-Ray films and plates.

If I could get that movement started, I would feel that this evening had been most profitably spent.



## The American Legion

**F**OR God and Country" the veterans of the World War have taken upon themselves the ever-needed vigilance of guarding our sacred institutions and again pouring out their hearts in full expression to uphold and defend them. They have formed The American Legion with a Preamble said to be a masterpiece.

"For God and Country, we associate ourselves together for the following purposes: To uphold and defend the Constitution of the United States of America; to maintain law and order; to foster and perpetuate a 100 per cent Americanism; to reserve the memories and incidents of our association in the Great War; to inculcate a sense of individual obligation to the community, state and nation; to combat the autocracy of both the masses and the classes; to make right the master of might; to promote peace and good will on earth; to safeguard and transmit to posterity the principles of justice, freedom and democracy; to consecrate and sanctify our comradeship by our devotion to mutual helpfulness."

To be watchful and ever aroused to the needs of the hours; to reconsecrate and rededicate Americans to America; to love our country above everything else; to make her honor, our honor; and the glory of her name our own, speaks and describes the course of The American Legion goal. To understand America, to be a satisfied American and the use of education, laws and nationalism are idealistic of their endeavors.

Then friend American, if eligible as a veteran of the World War, why not join The American Legion, and if not eligible for membership why not back them, strengthen and help build the Legion? They truly are the American Legion of America for Americans.

# Dr. Woodward Answers Dr. Talbot

By CHAS. M. WOODWARD, D.D.S., Pasadena, California

Editor ORAL HYGIENE:

**M**OST rational thinking human beings, including dentists, while they may not relish criticism still will welcome it and appreciate it if it is constructive and true. But any dissertation which displays such malevolent ignorance of the subject in hand as "The Status of Dentistry in 1920," Eugene S. Talbot, M. D., D. D. S., (?) in the November ORAL HYGIENE is enough to call forth the wrath of the most forbearing.

Now I have been in practice less than three years and so am but a child as it were who should not raise his voice among the elders. But it seems quite evident I have more intimate knowledge of dental education than our venerable friend of the class of '70.

I read Dr. Talbot's paper with great interest and some agreement till I came to the statement that medical editors must write in the simplest terms that the poor dentist may understand. Then I wondered how anyone with the authority to criticize modern dental education could be so ignorant of the fact that a graduate of any creditable dental college, within the last ten years, has a vocabulary of medical words more than ade-

quate to deal with any subject relating to the dental profession. In fact, we are far more familiar with medical terminology than the average physician is conversant with dental nomenclature.

Any modern dentist knows Collis law or could isolate and identify the *Bacillus Tuberculosis*. But how many doctors of medicine know the etiology and pathology of the apical abscess or could give the dental definition of articulation and occlusion?

Dr. Talbot strikes at the growing practice of holding post-graduate clinics. But he makes no consideration of the fact that the profession as a whole is rather discriminating and by a system of survival of the fittest the unauthorized and unworthy are weeded out.

He says further, "Think of the medical profession employing an uneducated person to teach them how to write prescriptions."

Any druggist can tell you the prescription written by the average physician looks as though it were written by an uneducated person. Take three out of every four prescriptions from the file of any pharmacist and they will not only be nearly illegible but will demonstrate the height of empiricism.

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Our critic further claims the dentist is backward in research and cannot write a passable paper.

We must admit most of us are rather cramped as to literary style, being given more to action than to words. Also but few of us have the facilities or the originality to do very valuable or extensive research work. But a review and comparison of medical and dental magazines does not show the dentist in an unfavorable light. One must consider the dentist's field is not so large nor his numbers so many. And as to our "unscientific premises" and "unwarranted conclusions," let that medical researcher, who has not advanced such, throw the first stone.

It is claimed by the Doctor, that the dental profession has done nothing toward the prevention of disease, and the study of etiology and pathology are ignored in dental schools.

The truth is, great emphasis is placed on etiology and pathology and — prophylaxis.

We must admit as yet no means of preventing all decay has been brought forth. But it is equally true that in the larger number of cases it can be checked before it has advanced to an alarming degree. Also, we can absolutely state that any patient with normal teeth who visits a dentist four times a year and follows that dentist's instructions will keep his teeth with their usefulness unimpaired so long as he continues the practice.

And if the teeth are in pathologic condition, that condition can be alleviated to the same extent as a physician can "cure" cases under his care.

A decayed tooth can be restored to the same extent as a broken bone. An abscessed root can be treated with about the same likelihood of success as a case of tuberculosis, and a lost tooth may be replaced analogously with a lost fragment of bone. And the dentists know as much about the etiology of so-called pyorrhea as the medical fraternity know about so-called cancer and the chances for cure are about the same. The modern teacher of dental pathology does not use the term "pyorrhea" when meaning gingival lesions any more than the medical teacher uses the word "cancer" for malignant epithelial tumors.

The feature of Dr. Talbot's essay to which I most object is his use of the pronoun "we," as though he were one of the dental profession. His only evident claim to the title of dentist is that he graduated from some dental school fifty years ago. From all remarks he shows he is a doctor of medicine with a deep ignorance of practical dental matters in common with all his medical brothers.

I try to show and feel due respect for those of years more advanced than mine, but when anyone holds opinions of such palpable untruth and ignorance, I respectfully protest space should not be given them in a well-thought-of magazine.

# Missouri Dentists Score

## Missouri Dental Board



CAMERON, MO.

Dear Doctor McGee:

Enclosed you will find House Bill number 432 which has been passed by both the house and senate in this State with only two votes against it in both houses. It only needs the Governor's signature to become a law. I call this pretty fair work.

We had two dentists in the house, Dr. Jesse Miller and Dr. R. W. Day. Dr. Miller was a member of the Missouri Dental Board for ten years, going off last September. He was also the President of the National Association of Dental Examiners last year.

Have you any other suggestions regarding the Physiology chapter?

Thanking you for the assistance given us by your editorials, I am

Yours truly,  
V. R. McCue, D.D.S.

[ENGROSSED]

HOUSE BILL NO. 432  
51st General Assembly

INTRODUCED BY MESSRS. MILLER OF NODAWAY AND DAY OF TEXAS.

Read first time January 29, 1921, and 500 copies ordered printed.

Read second time February 3, 1921, and referred to the

Committee on Education and Public Schools.

Reported from the Committee on Education and Public Schools February 5, 1921, with recommendation that the bill do pass as amended.

Taken up for engrossment February 9, 1921. Bill ordered engrossed and printed as amended.

J. FENT CHAPIN,  
Chief Clerk.

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## AN ACT

To secure competent instruction in the public schools of the state of Missouri on the care and hygiene of the teeth and their relation to the general health.

*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section 1. That a chapter or chapters on dental hygiene be required in all text books on physiology used in the public schools of the state of Missouri. That said chapter or chapters shall convey the proper knowledge to the pupil on the care, function, and relation of the teeth to the general health. The aforesaid chapter or chapters in said text books shall be edited or approved by a competent committee composed as follows: It shall consist of five members,

three of whom shall be selected by the state dental society, one by the state board of health, and one by the state superintendent of schools, and they shall serve without compensation.

Sec. 2. For the purpose of carrying out the intent of this act, it shall be unlawful, on and after the first day of July, 1922, to sell in this state for use in the public schools, any text book on physiology which does not contain the aforesaid chapter or chapters; and the offering for sale of any text book on physiology in violation of the above sections shall be a misdemeanor: Provided that such chapter or chapters may be sold by any publisher or dealer in pamphlet form in any case where a school district has in use any text book which may not be changed under the law for a certain period of time.

---

Look at Your Teeth, says the *Pittsburgh Press*.

Teething makes life precarious for us in our infancy, and teeth in our middle age and old age. This last fact we have been learning the last 10 or 15 years. It is not uncommon for persons of 40 or older, sometimes younger, to have apparently sound teeth with an abscess at the root. The organisms in these abscesses are continually manufacturing pus. The pus eventually poisons the body and brings on some form of disease, so that nowadays it is a common thing for the dentist to take an X-ray picture of his patient's tooth. These remarks have been inspired by the comeback of the former pitcher of the Boston Nationals. Tyler's power to speed and curve the ball left him. Last winter a wise-guessing dentist yanked out almost all of Tyler's teeth. This spring his arm responded rather feebly, but he finally got going, as the ball players say, and in a recent game defeated Boston, the team that had let him out, by allowing those sluggers only seven hits in nine innings.



# Loyalty to Alma Mater

By W. G. FOSTER, D.D.S., Baltimore, Md.  
Dean, Baltimore College of Dental Surgery

## EDITOR'S NOTE

Dr. Foster's manuscript unfortunately did not reach us until we had gone to press with the "Students' Number," wherein it was to appear.



**S**TUDENTS who have profited by their college career and are a credit to their instructors can usually be picked out by their loyalty to their Alma Mater.

A student who does not honor his Alma Mater is generally one who has thrown away his opportunities, been disloyal to those who tried to help him toward gaining distinction in his profession, and blames his failures on everything and everyone but himself.

Remember, when you attain success, that it was the Alma Mater which helped you to develop the best that was in you.

Your loyalty is needed for its welfare. Its future depends largely upon your continued thought and work for it. The alumni are the backbone and should they prove disloyal it might mean in time the end of the school.

Talk, and keep talking for your Alma Mater upon every

occasion, if you would be loyal and have its success truly at heart.

Starting in practice one should endeavor at first to have the necessary equipment for his office, the things needful to aid him in the best work for his patients, rather than the merely artistic effect in his surroundings. That will come later when he is able to afford improvements. Cleanliness and neatness are absolutely necessary attributes to success.

Conscientiousness in practice consists in doing the very best work of which you are capable for *every* patient—never allowing carelessness to creep into any of your work however trivial it may appear to you, or how unimportant you may consider the patient. You owe it to yourself and to your Alma Mater to give the best of which you are capable.

Subscribe for some of the dental journals and carefully read their contents. Much valuable information is gained in this way. When you have made successful experiments, or discovered something new of interest, write an article about it for your journal, in this way helping fellow practitioners.

Affiliate yourself with dental societies; it helps you to become more widely known and

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gives you an interchange of ideas professionally and otherwise.

If you love your chosen profession and value the esteem in which the world holds it, remember, that it is the *individual* who helps to uplift it.

See to it that you do nothing to dishonor it. Let each one so conduct himself that he may help in this uplifting. Dental ethics might well be summed up in one short sentence, "Do unto others as you would have others do unto you." If you live up to this standard there will be no necessity for special rules of conduct toward the other members of your profession. For instance, if a fellow practitioner became ill and for a period of time was unable to attend to his patients, and sent them to you, or some of them came to you of their own accord, what would you do? If acting up to a high standard

of ethics, you would promptly attend to any pressing need. An unscrupulous practitioner might employ certain methods in the hope of making these chance patients consider that his knowledge and skill is of a higher order than that of their own practitioner. Such means, however, do not make him a credit to his profession and certainly do not help in uplifting it. In the long run he loses the respect of others and does not attain any prominence. The graduate who can respect himself and his methods, makes others respect him also, and he is the one who gains honors.

To do this he must be true to the ethics of his profession. As Shakespeare says:

"This above all—to thine own self be true;  
And it must follow, as the night the day,  
Thou canst not then be false to any man."



# Owed to a Tooth

By ORANGE REO KELLEY, D.D.S., New York, N. Y.

Old tooth, old friend, I salute thee,

I bare my head in obeisance before thee,

I open my mouth before the mirror and observe thee and the bounds of my admiration are unleashed.

I glory in thy scintillating personality—the velvet sheen of thy enamel sides is a joy unto me forever.

Full many a year hast thou served me,

Thou and thy companions.

The rough and stony portions of my food

Hast thou masticated.

The tough and gristly portions of my meat

Hast thou masticated.

The hard and fibrous substances of my vegetable diet

Hast thou masticated.

Thy willingness and ability to masticate have comforted me.

Through sickness and health, through thick soup and thin thou hast abided by me.

Thou and thy companions.

Surely thou art the creation of an Infinite Wisdom. Yea—though I pass through the valley of the shadow of the H. C. of L.—I will fear not.

Rather will I masticate more. For, according to thy prophet Fletcher, the more I masticate the less food I require.

Thereby savest I shekels to add to my store.

Likewise savest I the shekels which otherwise would go to my physician, for is it not also written

by the prophet, Mayo, that three-fourths of all bodily ills make their entry through the mouth?

Through the decayed and broken portions of the teeth,

Through the sore and bleeding surfaces of the gums,

Through the deeply hidden focal abscess on the root,

And all those horrid things.

But is it not also declared by all the laws and the prophets, that.

A busy tooth stays clean,

A clean tooth does not decay,

A mouth in which there are no decayed teeth must be healthy,

And disease germs do not enter the body through a *healthy* mouth.

Therefore will I honor thee, and appreciate thee all the days of my life on this earth, which will be many; thanks to thy ministrations and thy service.

Therefore will I chew tough steaks.

Therefore will I choose tough foods wherewith to give thee exercise.

And in addition to this will I also caress thee. With tooth brush, pick and floss polishing thy sleek sides and shining face. Making thee glisten with the glow of health.

Thou and thy companions.

And the gums in which thou art so beautifully mounted.

\* \* \* \* \*

And when at last I reach that vale of years when retrospective cogitation occupies my mind, from worry free;

I will need no plumpers.

Neither clasps, springs, all such a when the Nature's

Editor C Refer March, Service

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Neither will I fear for suction,  
clasps, split pins and tubes; and  
all such apparatus which men use  
when they would imitate Dame  
Nature's wondrous art.

I will smile with confidence, for  
Having used my teeth to chew  
with in my youth

I'll have my teeth to smile with  
when I'm old.

## Dr. Gallagher Takes Issue

### Editor ORAL HYGIENE:

Referring you back to your copy of ORAL HYGIENE, dated March, 1921, page 386, you will find the findings of the Service Bureau of the Milwaukee *Journal*. I do not wish to, in any way, minimize the findings, but to say, according to my own observations, that four-sixths of the population of Milwaukee, using the brush and dentifrices, are not getting results their efforts might be expected to get.

In the first place, I maintain stiff tooth brushes are the cause, indirectly, of fifty per cent of the pyorrhea the American, etc., people are harboring in their mouths. Worse still, I find fifty or more out of every one hundred dentists are recommending stiff brushes. The stiff brush mutilates the gums; infection follows immediately by reason of that, and neglect, because of soreness, follows in order.

Secondly: many, in fact, most, dentifrices possess acid reaction to a greater or less extent. I maintain this acid devitalizes the tooth structure, making them brittle, allowing fillings to drop out and thus are almost as detrimental as beneficial.

I am eliminating one dentifrice after another from my list, as a dentifrice which I dare recommend to my patients; to play safe I am advising the immediate use of a mild solution of limewater after the use of each dentifrice and thus I find many are having far less fillings to be put in. For myself, I have made sure of this for sixteen years, and only two cavities have been "plugged" in that time, nor do I possess any pyorrhea, having always used a very soft brush.

Why not investigate this procedure and observe results? Me for doing what I can to help the American people, since I have become aware of the increased ravages of the aforesaid destructive agents.

I thank you in advance for even reading this, as I may be wrong in my observations, and wish to be set right, if wrong.

Yours faithfully,

W. M. GALLAGHER, D.D.S.

811 Birks Bldg.,  
Vancouver, B. C.



© International

## Chicago Phone Company Installs Health Department for Employees

Anyone who takes a successful X-ray with tube and patient in this position performs a modern miracle.

—Editor ORAL HYGIENE.

Mr. Editor: Very good Eddie, as far as your criticism goes, but how do you know when an "X-ray" successfully takes? What is the difference between a "successful X-ray" and a "dental X-ray," and where does the light go when you blow it out? Do you get the drift? You can take a radiograph, radiogram, or even "picture," but our "school physics" still describe X-rays as imperceptible to the special senses.

By the way, the school physiology exposure is a well placed shot, and you should get the range on some dental text books of a rare vintage, but still recommended.

You know these radiodontographers are smart fellers.

Clarence O. Simpson, D.D.S.  
St. Louis, Mo.

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# From a Radiodontist's Viewpoint

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HOWARD R. RAPER, D.D.S., Indianapolis, Indiana

*Contributing Editor*

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## Charlie Chaplin

**T**ITLES have been defined as traps to catch readers. A good trap the above, I think.

The following is quoted from the dramatic section of a daily paper:

"Charles Chaplin, when he was burned a few days ago, had been working 15 weeks on his short comedy 'Vanity Fair.' That was as much time as was spent on many long features made in 1920. Often he photographs a situation over and over again to get the effect he seeks."

The critics are calling Chaplin "artist," "genius," "best movie actor in the world," etc. And here we are informed that it takes him a very long time to make a picture and that "he often photographs a situation over and over again to get the effect he seeks."

Likewise the man who makes dental radiographs, *for the purpose of making a diagnosis*, often finds it necessary to make them over and over again.

Such, my friends and fellow citizens, is the price of working to attain a preconceived ideal. And the "greatest artist" or the "best man" is

simply the hardest worker. He is the man who *does* do what the other fellow *could* do, but *doesn't*.

But I am not saying what I started out to say about Chaplin at all. What I have in mind is this:

In Chaplin's master-movie, "The Kid," circumstances, fate and a policeman combine to cause Charlie to adopt an abandoned baby. Chaplin mothers the "Kid." Teaches it to keep its finger nails clean, and to eat *always from the dull side of the knife*.

Now if one is going to eat with one's knife, it seems to me an excellent point in technic to eat always from the dull side of the knife. To the best of his ability Charles was doing the right thing by the "Kid." As a teacher he was sincere, practical, capable—and ridiculous.

Perhaps the reason this bit of teaching impresses me so much is that I taught for ten years in a dental college. I know that during that time I taught things just as absurd as Chaplin's knife lesson to the "Kid." And I was just as sincere and solemn about it.

Nor do I single myself out as the only teacher to resemble

the pathetic Chaplin. All teachers are like him. All teachers make mistakes. True, all people make mistakes. It is because the teacher is trying to induce others to make the same mistake that the teacher's mistakes become particularly ludicrous.

#### SILENCE IS SAFEST

In the May ORAL HYGIENE I printed photographs and radiographs of an old Indian skull showing a completely inverted upper cuspid. I made the comment that it was the only case of the kind I had ever seen. Ergo: Dr. R. C. Boyd sends me negatives of a case from his practice showing a completely inverted upper cuspid. Thanks, Dr. Boyd.

A number of years ago I wrote: "It is very seldom possible to observe a fistulous tract in a radiograph unless it is injected with bismuth paste." No sooner had I written that sentence, and sent it to a publisher, than I encountered in quick succession three or four radiographs in which the fistulous tracts were as clearly discernible, as unmistakably obvious, as patellas in a Ziegfeld Follies' chorus. Fate having thus disciplined me, I again find that I very seldom am able to see fistulous tracts. (Come on now, you fistulous tracts.)

Also a few years ago I wrote this: "Experience is teaching me that when hypercementosis occurs it is usually on a pulpless tooth." The statement, as put, is, I still believe,

true. But it was disconcerting to encounter, a few days after the foregoing had been sent to the printer to be immortalized—I say it was disconcerting to encounter a dozen or so teeth with excrementosis, all in the same mouth and all with vital pulps.

#### THEORY

The first dental radiograph I ever saw made, I made myself.

It was the product of theory and "book learnin'." I had learned that if I did thus-and-thus, then so-and-so would be the result. All that was necessary was for me to do the thus-and-thus. The result was what theory and "book learnin'" said it would be.

Sound theory is a most marvelous thing. "Practical (?) men" are too ready to "knock" the theorist; it is so much easier than to try to put his theories into practice.

One way to measure the size of a man is by his ability to put sound theory into practice.

"Too much theory," most everybody said, when the Wright brothers were working on the theory that they could make a machine heavier than air that would fly. It took real men to put the theory into practice. But the theory was sound and all sound theories will work if the fellow who tries to work them is energetic and smart enough.

The theory of aseptic canal

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surgery is sound, so far as the practice of asepsis itself is concerned, but few men seem to measure up to the ability to practice it.

#### THE FACTORIAL METHOD OF PHOTOGRAPHIC DEVELOPMENT

Dr. F. T. Van Woert has been writing some valuable articles, which have appeared in *Dental Items of Interest*, under the title, "A Standardized Technic for Intra-Oral Radiography."

In the August 1920 issue of the magazine Dr. Van Woert describes the factorial method of developing radiographic negatives. I quote Dr. Van Woert:

"For example, take the Eastman developing powders. They should be freshly mixed and at normal temperature of 65° F. The factorial number of these powders is 18. Use a small tray for the solution and place your watch in a position under the ruby light so that you may take the time when the film is placed in the developer and watch the film for the first trace of the image; then take the time and note how many seconds elapse between the immersion and the appearance of the image. Multiply this by the factorial number and the result will be the number of seconds required for complete development. As five minutes at 65° is the normal time of development for a properly exposed film, then if the image appears in ten seconds, we find

$18 \times 10 = 180$  seconds or three minutes, thus proving an over exposure."

The method Dr. Van Woert describes here is a thoroughly established, fully recognized one in the art of photography. It is scientific and to be recommended. I do not attack the method, but I do want to point out that its application in practice is not as easy and simple as one might be led to believe from a hasty single reading of Dr. Van Woert's description.

I direct your especial attention to Dr. Van Woert's sentence which reads as follows: "They [developing powders] should be freshly mixed and at normal temperature of 65° F." There you are; there is the terrible "fly in the ointment." Your developer *must be fresh* and the temperature *must be 65° F.* or the factorial method won't work.

Then, too, different operators have different opinions as to just when "the first trace of the image" has appeared. And the same operator's judgment will differ according to the particular ruby light in use. A difference in the relative location of ruby light and developing tray also influences the operator's estimate of when "the first trace of the image" has appeared.

As I said at the outset, I do not attack the factorial method of development; it is a standard photographic method. But I do say that it is not an easy method to apply in practice.

Upon inquiry I find that



expert photographers judge development by holding the negatives up to the ruby light. Using the same light and the same make films, they learn to determine when development is complete by the general appearance of the negative by transmitted ruby light and by the appearance of the image on the non-sensitive side. Not so scientific as the factorial method when the factorial method is applied with great care, but more scientific and satisfactory than the factorial method as it is usually attempted.

#### RADIOGRAMS

Some of you have doubtless heard it—those of you who saw "The Sweetheart Shop." But it is good enough to hear again and all dentists should hear it—or see it. And the way to reach all dentists is through ORAL HYGIENE. Here it is, without further delay: Definition. Husband: "A husband is what is left of a lover after the nerve has been killed."

"There was something peculiar about her teeth, something that led me to believe that they were not indigenuous." A.P.T.

I saw this in the daily press recently: "Miss Eva Blank, daughter of Dr. A. C. Blank, wealthy dentist of Chicago, was the guest, etc." I have seen the formula applied to physicians, surgeons, merchants, brokers, manufactur-

ers, and many others, but it was the first time I had ever seen "wealthy dentist" in the daily news columns. It was probably an error?

Speaking of movies: Did you ever notice with what ease and accuracy the movie physician makes a diagnosis? He comes in, looks at the patient's tongue, takes the pulse (anywhere on the wrist) scrutinizes one of the patient's eyes, and the diagnosis is made! No blood counts, no Widal, no urine analysis. (How unromantic to ask for a bottle of urine! If he is a young doctor he takes a lock of hair instead.) No Wassermann, no period of observation, no "X-rays of the teeth." The movie doctor needs none of these things to make a diagnosis. The movie doc is also quite adept at prognosis. Says he, after he has completed his examination (?): "You will be sick five days, six hours and forty-three minutes. Make your plans accordingly."

And speaking of movies again, the following is quoted from memory. It was written by Davis, the dramatic critic for the *Cleveland Press*: "It has been shown, by the success of such first-class movies as the 'Miracle Man,' that one movie of merit will earn more money for its producers than a half dozen mediocre productions. This is causing producers to try to make better movies."

It is a cold, matter-of-fact

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way of putting it. The critic takes it as a matter of course that, if the price is right, men (producers) will try, and if the price is not right they won't. It is this that I have in mind when I plead for economically correct fees for radiodontic service, canal surgery and other dental work.

My ultra ethical brothers tell me that dentists must *try*, and must do their best whether they are fully paid for it or not. I agree with my ultra ethical brothers. BUT I look about me and I see that people, including dentists, *do not try* and *continue to try*, unless the monetary incentive is adequate.

The following is clipped from the daily press: "Omaha, Neb., May 18—Because he could not obtain false teeth to fit, Jacob L. Rothchild killed himself. He had purchased

28 sets of false teeth, none of which gave satisfaction."

Dr. Clarence O. Simpson, who has been trying his hand recently at giving post-graduate work in radiodontia, says that he is careful to avoid the word "standardize." Simpson speaks of "systematized technic" instead of "standardized technic." I think I see what he has in mind. It seems to be his opinion, and it is mine also, that the word standardize is too uncompromising, too unyielding and harsh to be applied to any system of radiodontic technic thus far devised. Standardized radiodontic technic is certainly a thing to be desired, but just at present it seems to be beyond us. About the best we are able to do now is to systematize our technic and thus work toward a possible future standardization.

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OFFICE OF THE  
BOARD OF HEALTH  
CITY HALL,  
FITCHBURG, MASS.

*Editor* ORAL HYGIENE:

We should like to be placed on the mailing list of Directors of Public School Clinics and would appreciate any information regarding their work, copies of record systems, etc.

COOLIDGE DENTAL CLINIC,  
Day St. School,  
Fitchburg, Mass.

## Famous Milwaukee

**T**HE apex meeting of the National Dental Association will be held August 15th to 19th in Milwaukee.

You may never have heard of Milwaukee but you surely have heard of the National Dental Association.

Milwaukee was at one time famous—took a blue ribbon or something, but since the war all of the—well anyway, the United States is in possession and all of the real dentists of America and Canada and anywhere else where there are real dentists are welcome, more than welcome; they are urged to come to this 1921 meeting.

Don't feel backward about attending this meeting just because the publicity committee has fallen down so badly.

They are not inhospitable; they just don't know how.

ORAL HYGIENE invites you to come and take an active part.

This meeting doesn't belong to ORAL HYGIENE, you know; neither does it belong to anybody else, so you can invite yourself if you want to.

The big idea is: COME TO MILWAUKEE FOR THE NATIONAL DENTAL ASSOCIATION MEETING.

Milwaukee is a very busy city of a half-million people. It is situated upon a branch of Chicago's Lake Michigan.

Many, many years ago a German missionary was wandering through the cranberry

marshes of what would one day be a part of Wisconsin. He was thirsty, and water did not seem to have the authority to quench his thirst. Fortunately, he came upon a band of Indians who seemed to be operating a sort of aboriginal hofbrau in a secluded spot far from the path of Mr. Volstead's emissaries.

The foaming beverage made from birchbark hit the spot. He inquired the name of the elixir of life and was told by the Indians that it was called "Milwaukee," which means "foaming fire-water."

So impressed was the missionary with this adventure that he founded him a city on the spot.

Now that the days of malt and hops are over, the city has turned its attention to manufacturing and conventions.

The greatest convention in Milwaukee's history will be that of the National Dental Association in August.

We will be looking for you—come!

—R. P. M.



# The Government Wants Dental Hygienists

*Applications will be rated as received, until August 1, 1921*

*No. 250-C.—United States Civil Service Examination for Dental Hygienist*

**T**HE United States Civil Service Commission announces an open competitive examination for dental hygienists. Vacancies in the Public Health Service throughout the United States at \$720 a year, plus quarters, subsistence, and laundry, where these are available, and vacancies in positions requiring similar qualifications, at this or higher or lower salaries, will be filled from this examination, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

**BONUS.**—Appointees whose services are satisfactory may be allowed the increase granted by Congress of \$20 a month.

**CITIZENSHIP AND SEX.**—All citizens of the United States who meet the requirements, both men and women, may enter this examination; appointing officers, however, have the legal right to specify the sex desired in requesting certification of eligibles.

On account of the needs of the service, papers will be rated as received and certification made as the needs of the service require. In the absence of further notice, applications for these examinations will be received by the Commission at Washington, D. C., until the hour of closing business on August 1, 1921. If sufficient eligibles are obtained the receipt of applications may be closed before that date, of which due notice will be given.

**SUBJECTS AND WEIGHTS.**—Competitors will not be required to report for examination at any place, but will be rated on the following

subjects, which will have the relative weights indicated:

| <i>Subjects</i>             | <i>Weights</i> |
|-----------------------------|----------------|
| 1. Physical ability.....    | 25             |
| 2. Education and experience | 75             |
| Total.....                  | 100            |

**BASIS OF RATINGS.**—Under the second subject the ratings will be based upon competitors' sworn statements in their applications and upon corroborative evidence.

**REGISTERS AND REQUIREMENTS.**—Two registers of eligibles will be established from this examination, as follows:

(A) Those who have completed the eighth grade of common school and are graduates from an approved school of dental hygiene or from a recognized dental college.

(B) Those who are not graduates, but have had private training in a dental office for a period equal to that in a school of dental hygiene; or who have been accepted for registration by a state recognizing dental or oral hygienists. Register (B) will be used for appointment when eligibles from Register (A) are not available.

**AGE.**—Applicants must not have reached their seventieth birthday on the date of making oath to the application. At the request of an appointing officer certification will be made of eligibles who are within reasonable age limits.

**RETIREMENT.**—Classified employees who have reached the retirement age and have served fifteen years are entitled to retirement with an annuity. The retirement age for railway mail clerks is 62 years, for mechanics and post-office clerks and carriers 65 years, and for others 70 years. A deduc-

tion of  $2\frac{1}{2}$  per cent is made from the monthly salary to provide for this annuity, which will be returned to persons leaving the service before retirement with 4 per cent interest compounded annually.

**PHOTOGRAPHS.**—Applicants must submit with their applications their unmounted photographs, taken within two years, with their names written thereon. Proofs or group photographs will not be accepted. Photographs will not be returned to applicants.

**MEDICAL CERTIFICATE.**—The medical certificate in the application form should be executed by a medical officer of the Public Health Service where practicable.

**APPLICATIONS.**—Applicants should at once apply for Form 1312, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Customhouse, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii;

Post Office, Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Calif., Denver, Colo.; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R.

Applications should be properly executed, *including the medical certificate*, but excluding the county officer's certificate, and filed with the Civil Service Commission, Washington, D. C., without delay.

The exact title of the examination, as given at the head of this announcement, should be stated in the application form.

**PREFERENCE.**—Applicants entitled to preference should *attach to their applications* their original discharge, or a photostat or certified copy thereof, or their official record of service, which will be returned after inspection.

**THE** American Society of Exodontists will hold their annual meeting in Milwaukee, Wisconsin, August 11th, 12th and 13th, 1921. An excellent program and interesting clinics will be presented, with one session devoted to a joint meeting with the National Society of Denture Prosthetists.

The members of this Society have been invited to spend the two days antedating the regular meeting—August 9th and 10th—at Rochester, Minnesota, where a program will be presented by staff members of the Mayo Clinic.

Special Pullman arrangements will be provided from Rochester arriving in Milwaukee early Thursday morning.

#### Editor ORAL HYGIENE:

This is not a public school clinic, but the neighborhood public schools are availing themselves of our work and, like the Montclair Dental Clinic of New Jersey, we are in line for any information that we can use.

Respectfully,  
A. L. VANAOM.

Mexican Dental Clinic,  
1315 Pleasant Avenue,  
Los Angeles, Cal.

# Department of Pediadontia

W. A. BRIERLEY, D.D.S., Denver, Colorado

Contributing Editor

## TO DIRECTORS OF SCHOOL CLINICS



**QUESTIONS** **RAL HYGIENE** receives many requests for information regarding the establishing and maintenance of dental clinics for school children. These requests come from cities and towns of all sizes, and often advice is sought in meeting conditions peculiar to certain localities. To answer these requests is sometimes difficult, because of lack of information regarding clinics which are now in successful operation.

To the Department of Pediadontia has been given the task of securing a list of dental clinics for school children, with something of their history and methods of operation. The information so secured will be compiled in a suitable form which will be available for dentists or others interested in installing such clinics.

Attention of dentists in charge of school clinics is called to the accompanying questionnaire with the request that answers be made to as many of the questions as can be given conveniently.

## QUESTIONNAIRE REGARDING DENTAL CLINICS FOR SCHOOL CHILDREN

1. Location.
2. When established.

3. Name of dentist in charge.

4. Number of dentists employed—full time, part time.

5. Number of hygienists employed.

6. Number of women assistants employed.

7. How is clinic supported? (By school board; by board of health; by city government; by private philanthropy; by local dentists; by Red Cross; by parent-teacher association; by women's clubs, or other organizations.)

If clinic is maintained by some agency other than those mentioned, please so state, giving particulars.

8. Is service free for all patients?

9. Is service free only for the poor?

10. If charges are made to some, how is the patient's "ability to pay" determined?

11. Is a charge made for all service?

12. Is service furnished under a regular "scale of prices"?

13. Is the clinic self-supporting now? If not, do you think it will be eventually?

14. School population served by clinic.

15. Approximate number of patients treated in a year.

16. Is clinic conducted upon the "follow-up" plan, beginning with children of the first grade?

17. Is clinic operated full time, six days each week for full year, or only during school terms and in school hours?

Please state any items of

interest which are not covered by the above questions.

Replies should be addressed to "W. A. Brierley, D.D.S., 630 Majestic Building, Denver, Colorado."

### **Dental Laboratory Mechanics Needed by U. S. Public Health Service**

Washington, D. C.—The United States Civil Service Commission states that the United States Public Health Service is in need of approximately 200 dental laboratory mechanics for service throughout the United States. The Commission announces that applications will be received until August 1, if sufficient eligibles are not obtained before that date, for positions of dental laboratory mechanic, grade 1, at entrance salaries from \$1400 to \$1800 a year; dental laboratory mechanic, grade 2, at entrance salaries from \$2000 to \$2400 a year; and dental laboratory mechanic's helper at entrance salaries from \$900 to \$1200 a year. Appointees whose services are satisfactory will also be allowed the increase granted by Congress of \$20 a month.

The duties of these positions will involve general laboratory dental work, including practical dental metallurgy, crown and bridge work, impression taking, construction of vulcanite dentures, and other work of a similar character.

Applicants will not be required to report for examination at any place, but will be rated upon the subjects of (1) training and experience and (2) ability to perform operations in mechanical dentistry, each subject having a weight of 50 per cent. The ratings will be based upon applicants' sworn statements in their applications and upon corroborative evidence.

Full information and application blanks may be obtained by communicating with the United States Civil Service Commission, Washington, D. C., or the secretary of the local board of United States civil service examiners at the post office or customhouse in any city.



# About Pyorrhea

By KING S. PERRY, D.D.S., Pittsburgh, Pa.

**H**AVING occasion recently to pay a visit to the editor of ORAL HYGIENE I found him in his scriptorium in conference with W. L. Smith, publisher of the magazine referred to.

My mission to the scriptorium was that of consultation with the editor on an article pertaining to Pyorrhea Etiology appearing in the March number of said magazine.

During the conversation Mr. Smith made the statement that there was "no cure for Pyorrhea," to which I took exception, stating that one could just as readily be cured of Pyorrhea as Typhoid Fever; he then qualified his statement by saying it was not a local disease, to which we readily concurred.

Here was a man backing with his money a magazine advocating oral hygiene and not realizing that oral hygiene properly understood and practiced would prevent pyorrhea.

It is fast coming to be an accepted fact that good health depends largely on good teeth and a clean mouth.

The teaching in the past has been such as to isolate the tooth from the other organisms.

The blood stream is the main source of infection; the body tissue is permeated at all times by life blood. The mouth constantly contains a

plentiful supply of disease-producing germs and they are fought off by healthy teeth and tissues of the mouth and throat, but when an avenue of entrance is furnished by a break in continuity of structure, the enemy lays siege; often Nature's forces fail in power to resist the invasion.

It is said concerning one of the meetings of the Peace Council in Paris, that Signor Tittoni did not want it too early, because he liked to have his siesta early in the afternoon; Mr. Lansing did not want it too late, for he wanted to have his drive in the Bois and then his siesta before dinner. Mr. Clemenceau then summed up: "The meeting will be at three o'clock," he said. "Signor Tittoni can sleep before it and Mr. Lansing can sleep after it and Mr. Balfour and I can sleep during it."

This travesty on prophylaxis reminds me of an old negro, who, when brought before the Judge was asked if he was the defendant. Pointing to his attorney he said, "Dahs de de'fen'ant; I's de gent'man what stole de chickens."

[The statement that "there is no cure for pyorrhea" and the statement that "pyorrhea can be cured" in no way contradict each other.

There is no specific cure for any disease, yet many diseases can be cured. Fortunately there is a lot more to the

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treatment of pyorrhea than the local application of some drug mixture. but it takes a periodontal surgeon to do it.

—Editor ORAL HYGIENE.]

Yes, pyorrhea can be cured,

## Funds for Scientific Research

**T**HE Research Information Service of the National Research Council has recently compiled information about funds for scientific research. From this compilation it appears that there are hundreds of special funds, trusts, or foundations for the encouragement or support of research, in the mathematical, physical and biological sciences, and their applications in engineering, medicine, agriculture and other useful arts. The income from these funds, which amounts annually to at least fifty million dollars, is used principally for prizes, medals, research scholarships and fellowships, grants and sustaining appropriations or endowments.

So numerous have been the requests to the Research Council for information about sources of research funds, availability of support for specific projects and mode of administration of particular trusts or foundations, that the Research Information Service has created a special file which it is proposed to keep up to date in order to answer the questions of those interested in such funds. Furthermore, in order to give wider publicity to the immediately available information about research funds, the Council has issued a bulletin under the title "*Funds available in 1920 in the United States of America for the encouragement of scientific research.*"

Inquiries concerning the bulletin or for information about research funds should be addressed, National Research Council, Information Service, 1701 Massachusetts Avenue, Washington, D. C.



## "Meet Me in Milwaukee at the N. D. A.!"

Milwaukee has—



OUR thousand factories, foundries, shops and mills.

Hotels accustomed to convention crowds, prepared to make living comfortable.

Thirteen parks.

Three rivers.

Seventy-five inland lakes within a radius of thirty miles.

Good highways and electric lines.

The biggest and finest auditorium in the world.

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### Milwaukee Hotels



INFORMATION that may be of service to you when attending the National Dental Association convention in August:

Hotel Astor, Hotel Blatz, Hotel Charlotte, Hotel Gilpatrick, Hotel Globe, Hotel Martin, Hotel Maryland, Hotel Medford, Hotel Miller, Hotel Pfister, Hotel Plankinton, Republican House, St. Charles Hotel, Hotel Randolph, and Hotel Wisconsin.

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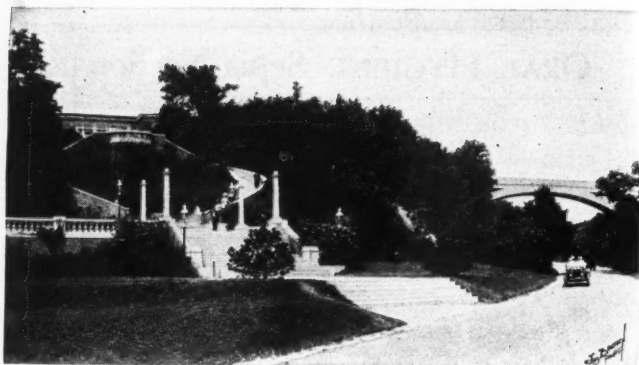
## ORAL HYGIENE Sepia Section

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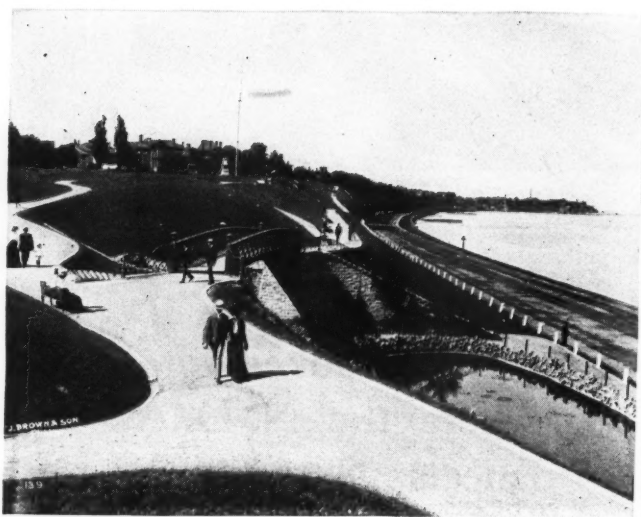


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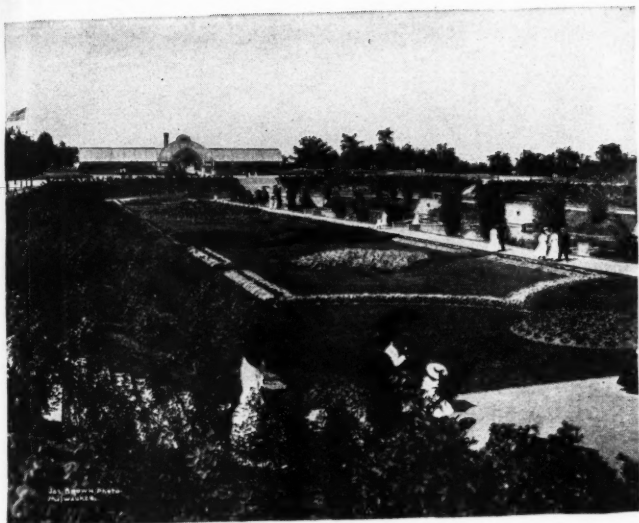
**Milwaukee—  
where the N. D. A.  
meets next month**



Grand Stairway, Lake Park, Milwaukee



Juneau Park, Milwaukee



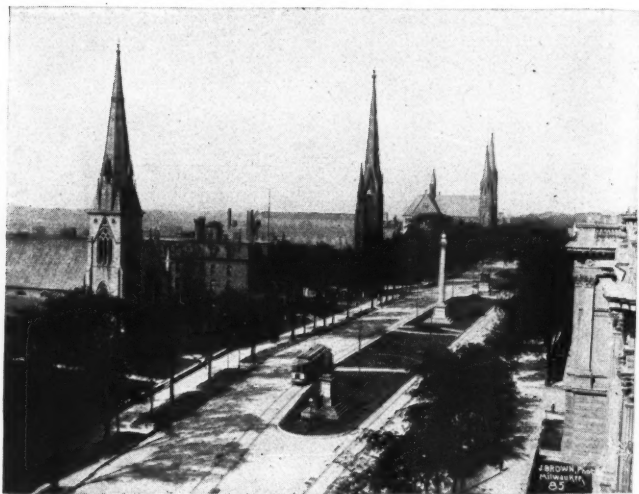
Sunken Gardens, Mitchell Park, Milwaukee



State Normal School, Milwaukee



Public Library, Milwaukee

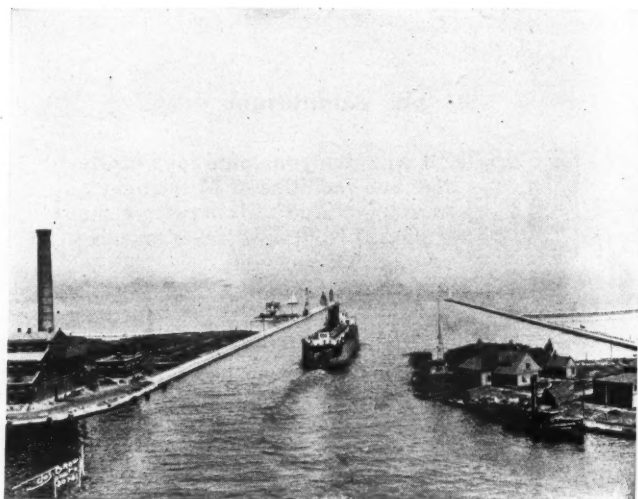


Grand Ave. Park, Milwaukee



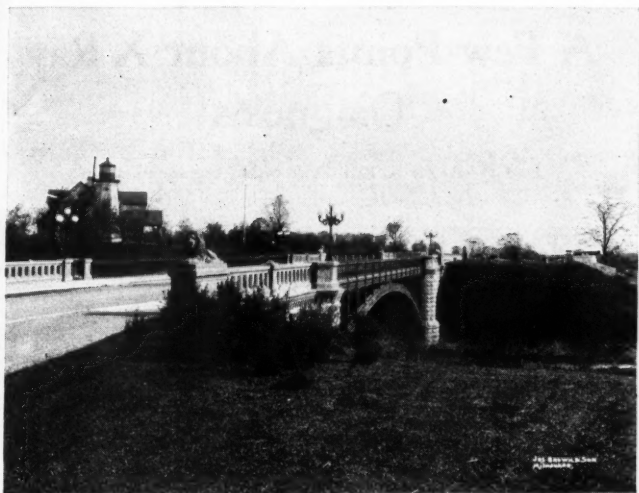


McKinley Beach, Milwaukee

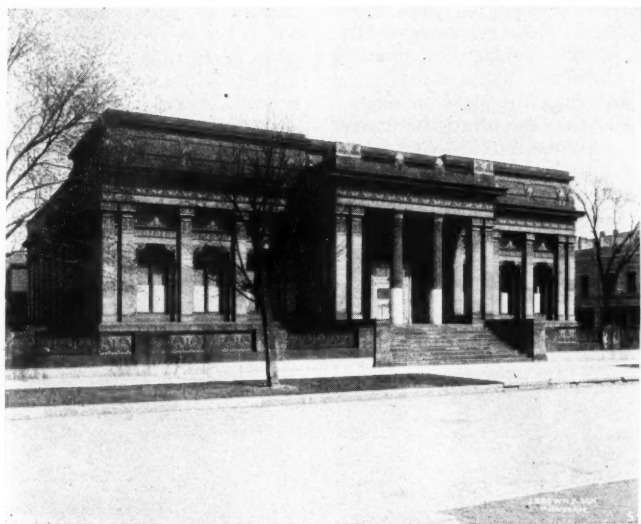


Milwaukee Harbor Entrance





Lion Bridge and Light House, Lake Park, Milwaukee



Layton Art Gallery, Milwaukee

# A Few Points About X-Ray Diagnosis

By CHARLES K. FIELD, D.M.D., Cincinnati, Ohio

*Professor of Operative Dentistry, Ohio College of Dental Surgery*

**X**-RAY is probably the most discussed subject, at the moment, among dentists. It is, therefore, very surprising how few dentists really know how to take a good picture.

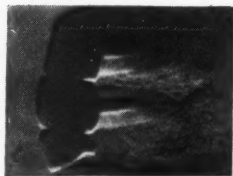
And of those who take good pictures it is not all who can read them correctly.

One or two suggestions follow:

First, get clear negatives so that the Lamina Dura of the alveolar bone shows up clearly, and for accurate diagnosis it is helpful to make a positive on a lantern slide plate in such a way that the original negative can be mounted alongside.

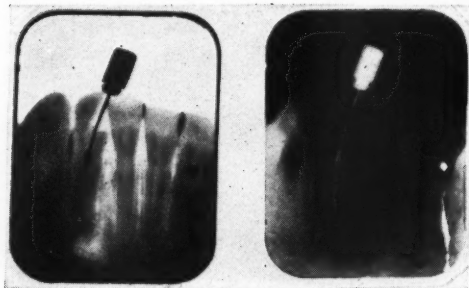
I find the positive a great deal easier to read than the

negative, and I suggest that your readers try it and see for themselves.



Here is a picture of one of these duplicate slides, also a picture of an X-Ray relief which I have recently succeeded in perfecting.

[Dr. Field's X-ray, in relief, is remarkably interesting. Radiography is just in its infancy. There is a great opportunity ahead for the new graduates. —Editor ORAL HYGIENE.]



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# The New Rural Clinic

City Specialists Take Latest Medical Science to Country,  
Diagnosing Puzzling Cases, says the New York Times

## EDITOR'S NOTE

The story of the rural clinic in New York is similar to that of rural clinics everywhere. Dental clinics, or combined dental and medical clinics, are bringing to the people of the country a realization that consultation is necessary, that "two heads are better than one."

Education of this kind is just as beneficial to the professional man as to the layman.

Don't think for one moment that the city men know it all. These clinicians learn a great deal from the country practitioners, who have tried to make up, with devotion and ingenuity, what they lack in equipment

and clinical advantages.

From the dental standpoint, these will be great advantages. The people will learn the importance of the mouth as a factor in health and they will also realize that if they are to have the right dental service, their local dentists must have the right equipment.

This means that fees must willingly be paid and when the people know that they are getting more than their money's worth they will pay better fees more promptly and willingly.

Let us encourage these movements, encourage clinics and, above all, encourage consultation.

The hermit days of dentistry are over.



ORK-WORN hands — clasped in her lap—she sat watching a closed door in the Goshen, N. Y., high school.

"It's a long wait, isn't it?"

Her fingers plucked at the skirt of her black lawn dress, but her glance did not stray from the closed door.

"Yes, but it's worth it. If that X-ray machine only shows what's wrong with him I won't mind sitting here a week. For six

months now he's been failing, changing doctors and medicines until he's clean discouraged, but if we find out where the trouble lies he can fight again with some heart."

The door opened, and a man whose sunken eyes and hollow cheeks testified to hours of suffering, fared forth. A huge Turkish towel was draped over his shoulders and a Red Cross worker carried his coat, shirt, collar and tie. He smiled at the eager little woman who stumbled toward him.

"One more doctor — and then I'm through."

"Didn't — didn't he tell you what it is — the X-ray man?"

"No; he's only just taken the picture."

His wife dropped back on the bench.

"I s'pose it's the hope of finding out what's really the matter with him that has brightened him," the woman said. "Jim's no coward, but it's hard to fight when you don't know what you're fighting."

On the long, narrow benches which lined the main hall of the Goshen High School many were waiting. Waiting their turn to appear before the specialists, the experts, physicians, surgeons, dentists, chemists and X-ray operators who had come long distances to co-operate in Orange County's first rural consultation clinic. A tired mother led two victims of infantile paralysis, aged 7 and 10, to the door marked "Orthopedic Surgery," the little girls dragging heavy braces. A motherly-looking woman, wearing a flowered hat and a Red Cross apron, climbed the main staircase carrying a basket of milk bottles.

The rural consultation clinic differs in methods and results

from the clinic or dispensary as usually understood by the layman. At a hospital clinic or dispensary, patients are treated by the physicians in charge. In these rural clinics, only a diagnosis is made and the treatment is left to the family or local physician. While the results generally show in improved condition of patients, the influence of the rural clinic is felt by the community as well as by the individual patient. Quite generally the rural clinic leads to the appointment of village and country nurses and to the holding of lectures on public health under local auspices.

The number of patients varies from 200 to 300 per day, and each carries home to family and neighbors a new vision of preventive medicine and modern methods of hygiene and sanitation. The clinic also creates in the mind of the community an appreciation of modern equipment and a willingness to support local physicians in their efforts to raise the standard of community health. This means that eventually the fees paid the local doctors will permit them to have the office and laboratory equipment which the present attitude of the patient toward the physician forbids.



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# "Why You Should Give 100 Per Cent Dental Service"

## EDITOR'S NOTE

In line with my practice of giving every shade of thought a show, this letter is printed.

I acknowledge that I have not been taught 100 per cent dentistry; in fact I have never been taught 100 per cent anything.

I quite agree with Dr. Ball that live, healthy pulps in live, healthy teeth are the ideal condition.

### *Editor* ORAL HYGIENE:

While the wireless telegraph was going through the formation stages it was the subject of much discussion. Predictions were freely made that it could never be accomplished. Many electrical authorities supported these predictions with their expert opinions. They even went so far as to take the lecture platform to explain just why the wireless telegraph was impossible. Their explanations sounded plausible, and they possessed expert knowledge. What they said carried weight with the masses, but not with those who knew that the wireless was possible. These gentlemen stuck faithfully to their lectures, and refused to relinquish their theories for a considerable time after the wireless was in practical operation.

It is the same old story—the man who says a thing can't be done is usually interrupted by someone doing it.

Wasn't the Federal Reserve Banking System vigorously

opposed by the very men who were supposed to know the most about it? Isn't it a fact that those same men now approve it as vigorously as they formerly opposed it?

The world has gone through the same process with every step of advancement. There is only one test, the test of actual practice. How does it work out? Is it actually a success? What are the results? What do the people say who have tried it? Theory counts for nothing.

In the application of 100 per cent dentistry to the human mouth, you are simply conforming to the laws of biology, and the human laws of surgery. Biological dentistry must stand first, mechanical dentistry, second. The laws of nature are above the laws of man. "Cleanliness is next to Godliness" is still true, notwithstanding eighty years of poisonous dentistry; 98 per cent of your patients when educated, will go miles to secure 100 per cent dental



service. You have not been taught 100 per cent dentistry, consequently you must open your mind to simple truths and the laws of nature. No dentist practicing 100 per cent standards has returned to his old methods. Neither will you, if your mind is open and free.

been restored to health are living examples of 100 per cent dental service. They are the final and conclusive answers.

Yours very truly,  
BERTRAM BALL, D.D.S.  
Pres. American Academy of  
Applied Dental Science.

The thousands who have      Yonkers, N. Y.

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### Another Burden on the Poor

*More Proof is Demanded of the Need for the Tax on Gold Used in the Arts*

**T**WO years ago, or even last year, there seemed to be more good reason than now for Representative McFadden's gold miners' subsidy bill. This proposed law, coming into the House with the approval of the banking committee, provides for an excise tax of 50 cents a pennyweight on all fine gold contained in manufactured articles, collected at the time of sale, and would devote the proceeds to the payment of gold miners as an offset to the present high cost of production.

In 1919 and the early part of 1920 our Treasury Department and banking people were anxious because the gold reserve was running low. A circumstance that made matters worse lay in the fact that because of high costs of labor and mining supplies a great many mining concerns handling low-grade ore had to shut down, and the total new gold output of the country had markedly diminished.

This slowdown in gold production continues, but today our country is importing gold, and we have, in the judgment of many economists, more gold than we need.

The burden of proof is on Representative McFadden to show that the nation's need of additional gold production warrants a tax on the people for this purpose. The fact of a slump in the gold mining industry does not constitute in itself such a warrant. It is a temporary affair which will soon be relieved by lower costs.—*New York Mail*.

## Dental Films

"Come Clean," a film on dental hygiene. It consists of two reels. The scene is an army training camp, and the plot revolves about Tom Merrill who wants to be a soldier, but who is rejected on account of his teeth. An army surgeon directs him to a dentist. After treatment, he is accepted much to his joy. At camp his faithfulness in brushing his teeth evokes the derision of his mates. In true red-blooded American fashion, he meets a dramatic situation and the camp bully in a way that will prove highly interesting to any audience. The second reel is diagrammatic. The bacteria are shown leaving the mouth and reaching the knee through the blood stream. The entire picture lasts about one-half an hour. Can be obtained through the Red Cross by writing Walter H. Davidson, 328 North Michigan Ave., Chicago, Illinois. \$1.50 per reel per presentation.

"A Mouthful of Wisdom," 1 reel. Pyorrhea and its prevention. Address Y. M. C. A., 347 Madison Avenue, New York City, N. Y.

"Good Teeth," 1 reel. Correct methods of care. Address Carter Cinema Co., 220 West 42d Street, New York, N. Y.

"Menace of the Mouth." (Demonstrates the necessity of giving the teeth and gums constant and vigorous attention.) Bray Studio, 23 East 26th Street, New York City, N. Y.

"Mouth Hygiene," 1 reel. Address, Henry Bollman, Harvard Club, New York. (This is a very good film, but its titles are somewhat technical and too stilted in tone to be popular.)

—*The Minnesota Public Health Association Journal.*

## If You Desire to Have the "Your Teeth" Series Run in Your Home Town Paper—

ORAL HYGIENE will run a series of fifty-two Lay Education stories, of about three hundred words, each year. That will make four or five stories each month.

These stories will be printed in proper form for immediate use in newspapers.

In every district where a dental society designates a certain newspaper—that paper will be given the privilege of printing these stories—one each week, free of charge.

This means that these stories may be had over the entire English-speaking world.

At the end of each year the collected stories will be published as a booklet which will be available for classroom work. In addition to printing these stories they will be very useful as a basis for popular lectures upon the health of the mouth.

Only *accepted* dental knowledge will be used. The language will be that of every-day use and the stories will be interesting. If you desire to have this series run in your "home town" paper notify ORAL HYGIENE and permission will be given exclusively to the paper that will agree to run the stories regularly.

Those newspapers that are upon this list will be furnished with special early copies of ORAL HYGIENE directly from the office of publication. The editor can simply clip the stories and publish one each week. There are three conditions attached to this permission:

1st: The stories must not be published in any town where the recognized dental society does not approve of this series.

2nd: Each story must be printed entire and without iteration.

3rd: These stories must not be used either in whole or in part as advertisements.

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# Department of Lay Education

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## "Your Teeth"

By REA PROCTOR McGEE, D.D.S., M.D., Pittsburgh, Pa.

*Here are four of the stories, prepared for daily and weekly newspapers. Others of these will be printed in future issues.*

### Toothache

IT is true that those who have the greatest dread of having their teeth worked upon are the ones who are the greatest sufferers from toothache.

The primitive laws of man were all based upon the "taboo" or, as we call it, "luck."

The things that people did that always resulted in pain or trouble were forbidden or tabooed. At first, every violation of the taboo brought its own punishment. For instance, if the tribe lived in a cave and at one dark spot a rock protruded so that a man would bump his head if he walked there, the medicine man declared that path tabooed and all who broke the taboo bumped their heads and suffered. When laws became more complicated the natural penalty did not always work, and so penalties had to be provided to make the taboo good. We work under this system now in most of our laws, but the teeth still carry their own penalties.

If you neglect your teeth you will surely get the penalty without a judge or a jury.

A tooth aches for two general reasons: first, if the

pulp is exposed it becomes inflamed and causes intense sharp pain from the actual irritation of the nerve. In this kind of toothache the pain is entirely from within the tooth.

When the pulp is dead there can be no pain within the tooth; the pain is all due to the infection and gas pressure in the bone surrounding the end of the tooth.

It is this kind of an inflammation that is a danger to your general health. It means that you have a point or focus where poison may enter the blood stream.

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### Chewing Gum

THE teeth and jaws and salivary glands and all of the mechanism of the mouth were made for a useful purpose.

We have invented so many tasks for the mouth that mastication is not so popular as it formerly was. Nothing we have ever done as an energy waster equals the chewing gum habit.

Everywhere there are hundreds and thousands and millions of jaws with a chronic

motion, that ranges from the gentle tremble of an almost impassive face to the enthusiastic "squash" of the "mug" that doesn't care—tooth substance, energy, time and saliva wasted—and what of the tantalized stomach?

Should not the Society for the Prevention of Broken Promises to the Stomach step in and do something?

Chewing all day with nothing to swallow—the jaws get all of the exercise they need at mealtime and in conversation. Why not use the chewing gum energy in some useful manner?

Wherever you go—stores, railway stations, churches, theaters, offices—you find gum stuck around to wait the return of its former owners; carpets, rugs and floors are ruined with gum.

When you do go to the dentist, or to anyone else for that matter, leave your gum at home.

All that chewing gum does is to make good teeth bad and bad teeth worse.

### Stains

**M**ORE than half of all of the people in the world live in Asia and have yellow or brown skins.

These people have changed the course of history many times in the past and they may do it again in the future—particularly if they should learn the laws of sanitation as we know them.

There are so many men in Asia who chew the betel nut, which dyes the teeth red, that it is a good guess to say that one-tenth of all of the men now living dye their teeth red.

Chewing the betel nut may be a pleasant pastime, but the bright red stain will never become popular in this country.

Over here we seem to favor green stains for children's teeth and brown or black stains for the teeth of adults.

All of us think a Mongolian is a queer "gink" to deliberately make a habit of chewing an astringent nut that will leave its mark; yet we daily neglect to remove, or have removed, the various shades of green and brown stains that obscure the teeth that Nature gave us.

All stains should be removed from the teeth. If you cannot get them off yourself go to someone who knows how to take them off.

The green stain upon children's teeth must be removed immediately if it is not to be followed by caries, or decay of the teeth.

It is the normal that is beautiful.

Keep your teeth a normal color so that when you do smile you will get an encore.

### Cleft Palate

**T**HE roof of the mouth is called the palate. There are two parts to it—the hard bony part surrounded

by teeth, which is naturally called the hard palate, and the soft part that is so sensitive, at the back of the mouth, called the soft palate.

Some unfortunate children are born with a separation of the palate lengthwise. In these cases the nose and mouth open into each other.

It is very difficult to feed cleft palate children and if they do grow up, they have a lifetime of suffering and embarrassment. They cannot speak distinctly and have great difficulty with the fluids of the mouth and nose. Usually there is a fissure in the upper lip extending from the nostril through the border of the upper lip.

Two methods are used to give relief to these children. One is to perform an operation, or rather a series of operations, to close the roof

of the mouth and the opening in the lip.

The other way is to make a plate that will mechanically cover the opening in the palate.

The nature of the deformity makes the wearing of this plate very unpleasant for the patient.

When a child is born with a hare-lip and cleft palate, the first thing to do is to get a cleft palate nursing nipple, because these children are so very hard to feed. Then have the palate closed as early as possible. If these children are successfully operated on before they learn to talk, the voice will be normal. If the cleft is left until the child becomes accustomed to the faulty use of the tongue that is necessary with the open palate, his speech will never be perfect.



# As A Man Thinketh--WHERE Is He?

By Henry W. Russel, B.A., Suva, Fiji

## EDITOR'S NOTE

Mr. Prospective Author of stories in ORAL HYGIENE, I take my pen in hand right now to tell you that when you wish to use geographical analogies and metaphors, you are going to get the blue pencil.

Mr. Starr gets it again, this time from Fiji. Fiji is a regular place.

Mr. Fiji Islander, the editor apologizes for his lack of information upon your country. Most of my information, or rather misinformation was gathered from the plaintive calls of missionaries for funds to convert the Fijians from their primitive ways to the more complicated and deceptive methods of civilization. I think Mr. Starr's information came from a similar source.

Here's to Fiji. I am glad she is civilized, but she would be a lot more interesting if she remained savage.

About a week ago a consignment of ORAL HYGIENE, dating back nearly a year, reached me and was a most welcome addition to my literature for the Easter holidays.

I have read the article under heading "As a Man Thinketh—So Is He."

I refrain from giving any estimation of its effect as a guide for the profession generally, but in spite of any assurance to the contrary I venture to say that it is written with one eye on the main chance. I don't blame the writer of it for that.

However, as an old inhabitant of Fiji, I want to know what Mr. Starr means by "Fiji Island principle" as expressed on page 1372, second column?

Has Mr. Starr ever been in Fiji? But—of course not—or he would know that there is as much principle—or lack

of it—in Fiji as in any other part of the world—Syracuse, N. Y., included.

I suppose that the scathing, derisive words (there is no doubt as to what they are meant to express): "This does seem sort of Fiji Island principle, doesn't it?" were only intended as a figure of speech—a cheap, irrelevant, "hot air" expression.

But—the words are used as an irrefutable clincher at a culminant point of an argument, and the value of the antecedent is subject to the value of the quotation.

Are we to judge from that the value of the article as a whole?

"As a Man Thinketh—So Is He" ought in fairness also to apply to Fred J. Starr Esq., Syracuse, N. Y., General Manager, Norton-Starr, Inc., Dental Dealers, and his scrip.



# EDITORIAL

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

212 Jenkins Building, Pittsburgh, Pennsylvania

## The School Physiologies Again

**S**OME of the publishers of school books suggested that the criticisms of the dental portion of school physiologies, in the preceding editorials in ORAL HYGIENE, were not exactly fair because of the antiquity of the books reviewed.

Those books are still in use, however, and the criticisms hold good. The old books should be out of print.

The book that is here reviewed is a very late one, supposed to be up to date, and this one contains the essence of information upon technical subjects written by authors who are experts in something else.

The plain fact is simply this:

*Discussions of health problems are worthless unless the discussor has had years of experience in the practice of the subject presented.*

Good intentions and impressive degrees do not take the place of real knowledge.

The book here reviewed is *Advanced Physiology and Hygiene*. It is published by Silver, Burdett and Company. The authors are Herbert W. Conn, Ph.D., formerly professor of Biology in Wesleyan University,



and Robert A. Budington, A.M., professor of Zoölogy in Oberlin College.

The copy I received bears the legend "revised edition" and was copyrighted in 1909 and 1919.

I quote therefrom:

THE TEETH.—Back of the lips, which aid slightly in holding and directing the food, are the teeth. These, by cutting, tearing and grinding the food, prepare it for digestion.

This is an example of the inability of an author who has no practical experience, to interpret function. The aid of the lips in holding and directing food is very great—not "slight." Those of us who have had experience in directing the feeding of men whose lips have been shot off, can assure Mr. Conn and Mr. Budington that without the closure of the buccal cavity by the lips, the "holding and directing" of the food is a very difficult process.

Their shapes are admirably adapted for this work, which is called mastication.

*Perfectly* adapted would be more appropriate—no one having been able up to date to devise a better arrangement.

The teeth of each side of each jaw, beginning at the middle in front, comprise two incisors, one canine, two bicuspid and three molars, or grinders. The incisors with chisel edges are used almost exclusively for cutting pieces from large morsels; in chewing they come into action very little.

"Cutting pieces from *LARGE morsels*": It is unfortunate that Conn., Ph.D., and Budington, A.M., did not consult a good dictionary. Webster's Unabridged says: "Morsel — a

little bite or bit of food. 2. A small quantity; a little piece; a fragment." How could you arrange to bite off a *LARGE morsel* when there is no such thing? We are spending a great deal of money in this country to educate our children properly and yet we allow authors to use incorrect, in fact, ludicrous, English in our textbooks.

The canines, named from their similarity to the tearing tusk-like teeth of dogs, are of no great service to civilized man, who, though he may eat fruits without first cutting them, usually cuts his other foods with knife and fork.

The "canines, named from their similarity to the tusk-like teeth of dogs — are of no great service to civilized man" — the proper name of the cone-shaped tooth that the two learned professors are trying to describe is *cuspid*. The word *cuspid* denotes one *cusps*. The tooth is not similar to a dog tooth any more than it is similar to a snake tooth, or to the Egyptian pyramids. Further, the *cuspid* is of very great service to civilized man and of just as great service to uncivilized man.

The bicuspid, so called from the two prominences, or cusps, on their free ends, are of use partly for tearing, and partly for grinding. The molars, or heavy, many-cusped "back teeth" are solely for grinding. Their position, far back near the hinge of the lower jaw, gives great leverage; and being farthest from the mouth opening and nearest the largest part of the cheek, room for their grinding function is insured.

The bicuspid is not used partly for tearing and partly for grinding. They are used for the most powerful crushing that the

human mouth performs. The molars are used almost exclusively for tritulating.

Room for the functions of all of the teeth is insured by their positions.

All of these are permanent teeth. All except the molars are preceded in childhood by baby teeth which are lost in early years.

"Baby teeth which are lost in early years": How early, professors? Don't you think it would be of some importance to note the length of service of the "baby teeth"?

Permanent teeth may appear as early as six years of age, and since this is so, particular pains should be taken that they are properly cared for from the time of their first "cutting through."

"Cutting through" is just a simple way of saying *eruption*.

If a tooth is cut open, it proves to be made of four kinds of material. The outside layer, an extremely hard deposit of calcium phosphate, is called the enamel. This is thickest on the exposed surface of the tooth, or crown, and diminishes until, as the tooth enters the gum, it gives way entirely to a softer substance, the cement.

The "outside layer" is more than an "extremely hard deposit of calcium phosphate." It is an orderly arrangement of enamel rods with an intercellular cement substance and contains several calcium salts in addition to the phosphate.

This cement covers the roots and connects the teeth firmly with their sockets in the jaw bone. It is this substance which yields when a tooth is extracted.

There seems to be an agreement among the amateur authors of school physiologies to call *cementum* "cement." Just read this over again: "This cement covers the roots

and connects the teeth firmly with their sockets in the jaw bone. It is this substance which yields when a tooth is extracted." What do you think of that for ignorance? It was not enough for this Doctor of Philosophy and this Master of Arts to fail to know that the teeth are held in their alveoli by periodontal membrane, but they must further emphasize their mistake by that last sentence.

Inside the enamel and cement is a uniform layer, the dentine. This, too, is calcium phosphate in composition, but is less hard than the enamel.

Calcium phosphate seems to be rather prominent in this set of teeth. How about the organic matter in the tubuli?

Inside the dentine is a space occupying the central part of the tooth, and extending down into the tips of the roots. This central space is occupied by a soft, pasty mass, like the marrow of a bone, filled with fatty and connective tissues, blood vessels and nerves.

"This central space is occupied by a soft, pasty mass": Webster defines *pasty* as follows: "Of the consistency of, or like, paste. 2. A pie, usually of meat, enclosed in a crust of pastry and baked." Here was another opportunity of consulting the dictionary, which was lost. Can we ask our children to use words correctly when our textbook writers are careless?

These vessels and nerves enter the tips of the roots, the former bringing nutritive materials for the tooth, the latter regulating the use of these materials.

According to this there seems to be no return flow. In this description of a tooth

there does not seem to be much use for the nutritive materials presumably consisting largely of calcium phosphate

In spite of the hard nature of the teeth, they are very liable to decay, as almost everyone knows to his misfortune. This decay is brought about by circumstances which we can in great measure prevent if we understand them.

It is hoped that the authors have been spared the misery of decay.

It [decay] is caused in part by the bacteria in the mouth.

If decay is "caused in part by bacteria in the mouth" what causes the other "part"?

These [bacteria] are not able to affect the uninjured teeth though they can readily attack the softer foods that may lodge in or between them.

The harder foods are probably more resistant.

Upon the hard substance of the teeth this acid acts at once, dissolving the lime in such a way as to produce soft spots or even cavities. Upon the hard enamel the acid acts only with difficulty, but if this is cracked or broken the acid acts easily upon the softer dentine within. As soon as these weak spots appear the teeth decay rapidly.

All school physiology writers seem to be obsessed with the idea that the enamel must be cracked before caries can attack it. Enamel cracks frequently go for many years without being attacked by decay. And more frequently, caries destroys enamel that has never been cracked.

Since our permanent teeth do not grow and are never repaired or replaced by nature, it is very important that they be kept in good condition.

Equally true of temporary teeth.

What is the use of toothache? Though unpleasant, it certainly tells one he is not treating his teeth properly since a toothache generally means decay.

At last a use has been found for toothache. The learned professors, however, seem to have missed the idea that a toothache is more frequently a death knell for a tooth than a warning that the tooth has not been treated properly.

If one avoids injuring the enamel with hard substances, and if he does not allow food to remain between the teeth for the bacteria to act upon, he can thus check the process of decay.

Here is another warning about hard substances — certainly hard foods are not meant — probably this wisdom refers to nails and rocks!

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## Licensing Dental Hygienists



ANY inquiries in regard to licensing dental hygienists are received by ORAL HYGIENE.

The dental hygienist bill, as prepared by the committee in charge of this movement in Pennsylvania, is published because it seems to cover the points that are raised in this connection in other states.

The text follows:

A legally qualified and licensed practitioner of Dentistry in the State of Pennsylvania may employ a legally qualified and licensed woman assistant or assistants, as hereinafter provided for, which assistants shall be known as dental hygienists. The dental hygienist may remove all tartar deposits, accretions, and stains from the exposed

surfaces of the teeth and directly beneath the free margins of the gums, but shall not perform any other operation on the teeth or mouth or on any diseased tissues of the mouth. The dental hygienist may operate in public or private institutions such as schools, hospitals, orphan asylums and sanitariums under the general supervision of a licensed and qualified dentist, but not otherwise, or in the office of a duly qualified and licensed dentist only after she shall have been registered with the Board of Dental Examiners as hereinafter provided.

The Dental Council may suspend or revoke, with power to reinstate, the license of any registered dentist who shall permit any dental hygienist operating under his general supervision to perform any operation other than that permitted by this section, and it may also *suspend or revoke, with power of reinstatement*, the license of any registered dentist who shall permit any dental hygienist operating under his general supervision to perform any operation other than that permitted by this section, and it may also suspend or revoke, with power of reinstatement, the license of any registered dental hygienist violating the provisions of this act.

Any woman not less than nineteen years of age of good moral character *who has satisfactorily completed a four-year high school course or its equivalent*, as approved by the Bureau of Professional Education of this Commonwealth, and upon presentation of a certificate or diploma from a chartered and reputable dental educational institution or a chartered and reputable school for the training of dental hygienists, recognized as of good repute by the Dental Council of Pennsylvania, certifying that the holder thereof has successfully pursued in such an institution a course of instruction *extending over a period of one academic year consisting of not less than thirty-two weeks*, in subjects approved by the Dental Council as essential to the proper education and training of a dental hygienist, upon payment of Ten (\$10.00) Dollars, and upon the presentation of satisfactory certificates as to character and education, may be examined by the Board of Dental Examiners, under the conditions and regulations prescribed in Section 4 of this Act for the Conduct of Examinations and Recording the results thereof of Candidates for the License to Practice Dentistry in Pennsylvania, in subjects deemed essential by the Dental Council for the proper training of a Dental Hygienist. The results of the examination of persons provided for in this Section shall be transmitted to the Dental Council as provided in Section 4 of this Act, and upon receiving from the Board of Dental Examiners a report of the examinations for License of any applicant who shall have been returned as having successfully passed said examinations, the Dental Council shall issue to such applicant a license to practice as a Dental Hygienist in the State of Pennsylvania.

Any woman practicing as a Dental Hygienist in the State of Pennsylvania shall cause her License to be recorded in the office of the Prothonotary of the Court of Common Pleas of the County in which said Dental Hygienist shall practice, and any Dental Hygienist who shall neglect to cause her License to be so recorded shall be construed as practicing as a Dental Hygienist without a License. Upon the presentation of a License to practice as a Dental Hygienist in this Commonwealth, and an affidavit that the holder has served as a Dental Hygienist for a period of at least eight months in a public or private institution as above specified, a Dental Hygienist is entitled to be registered with the Board of Dental Examiners, and shall then be known as a Registered Dental Hygienist. Only registered Dental Hygienists may be lawfully employed by a Dentist as Assistants in private dental offices.

And it shall be the duty of all registered Dental Hygienists who engage in such practice in this Commonwealth to be registered annually with the Board of Dental Examiners on or before the first day of January of each succeeding year. The form, method and registration fee shall be similar in all respects to those provided in Section 2 of this Act for the Annual registration of dentists.

The Dental Council upon the recommendation of the Board of Dental Examiners may issue a License upon the payment of a fee of Ten Dollars to any woman who is of good moral character, and who shall furnish proof that she has a License to practice as a Dental Hygienist, granted by the lawfully constituted authority of any other State or County, where the educational qualification required by law is equal to that provided by the Laws of this Commonwealth, and any woman so licensed shall be entitled to register with the Board of Dental Examiners if, and when she presents an affidavit of having served as a Dental Hygienist in a public or private institution for a period of at least eight months.

It shall be unlawful for a licensed and registered dentist to employ a Dental Hygienist as an Assistant in a private Dental Office until she has become registered with the Board of Dental Examiners after having served at least eight months as a Dental Hygienist in a public or private institution, such as schools, hospitals, orphan asylums and sanitariums.

Any unlicensed person who shall perform any of the operations specified in this Section as pertaining to the work of a Dental Hygienist, shall be deemed to be practicing dentistry within the meaning of this Act and shall be subject to the penalties provided in Section 8 of this Act for such unlicensed practice.



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# Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back!

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A lady at a military ball came upon her pretty daughter just as the girl was discussing a fist fight which had occurred in the supper room between two lieutenant aviators.

"They did go for each other, didn't they?" the girl said. "What was the *casus belli*?"

Here it was that her mother, censor-like, butted in.

"Mildred," she said sternly, "how often have I told you always to say stomach or abdomen?"

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A pretty young woman stepped into a music shop in the city the other day. She tripped up to the counter where a new clerk was assorting music, and in her sweetest tones asked: "Have you 'Kissed Me in the Moonlight'?"

The clerk turned, looked, and said: "It must have been the man at the other counter. I've only been here a week."

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Teacher: "Jimmie, when did Columbus discover America?"

Jimmie: "Don't know ma'am, but I can tell you the make of that car coming up the hill on second."

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"How do you know Perkins doesn't know anything about sport?"

"Why he said he knew Babe Ruth when she was a chorus girl!"

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Old Gentleman (to new gardener): "Yes, I have decided to keep you, but tell me why you always pull your barrow instead of pushing it?"

Gardener: "'Cause I 'ates the sight of the bloomin' thing."

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A regimental band was about to be organized at one of the war-time cantonments and, after the first rehearsal, the officer in charge was signing up the candidates.

"Your name?" he asked the trombonist.

"Sam Jones," returned the embryo trombonist.

"Your station?"

"Camp Devens."

"Your rank?"

"I know it," sighed Sam.

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Two American girls were visiting the Louvre for the first time. Going into the room where the Venus de Milo stands, they looked at it with open mouths. Suddenly one exclaimed: "My Gawd, Margie, look what them Germans did to that poor Belgium woman."